

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2			1				52						
3			1				53						
4			1				54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64	1		1			
15							65						
16							66						
17							67						
18							68						
19							69						
20	1						70						
21	1						71						
22	2						72						
23	2						73						
24	2						74						
25	2						75						
26	2						76						
27	2						77						
28	2						78						
29	2						79						
30	2						80						
31	2						81						
32	2						82						
33	1		1				83						
34	6		1				84						
35	6		1				85						
36	6		1				86						
37	6		1				87						
38	6		1				88						
39	6		1				89						
40	6		1				90						
41	6		1				91						
42	6		1				92						
43	6		1				93						
44	6		1				94						
45	6		1				95						
46	6		1				96						
47	6		1				97						
48	6		1				98						
49	6		1				99						
50	6		1				100						
TOTAL IND.	1		3										
TOTAL DEP.	39	←	6	←	6	←							
TOTAL CLAIMS	43		9										

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